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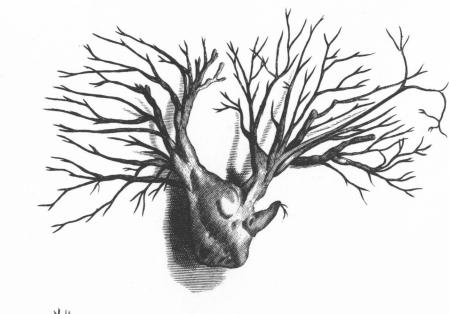
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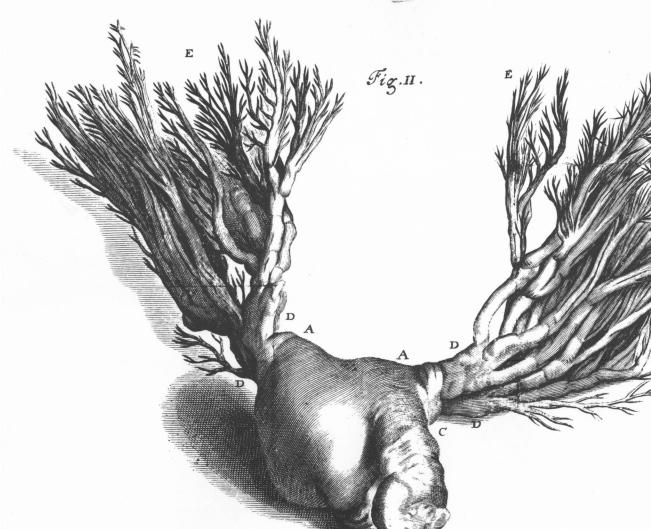
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 ${\it Fig. III}$  .

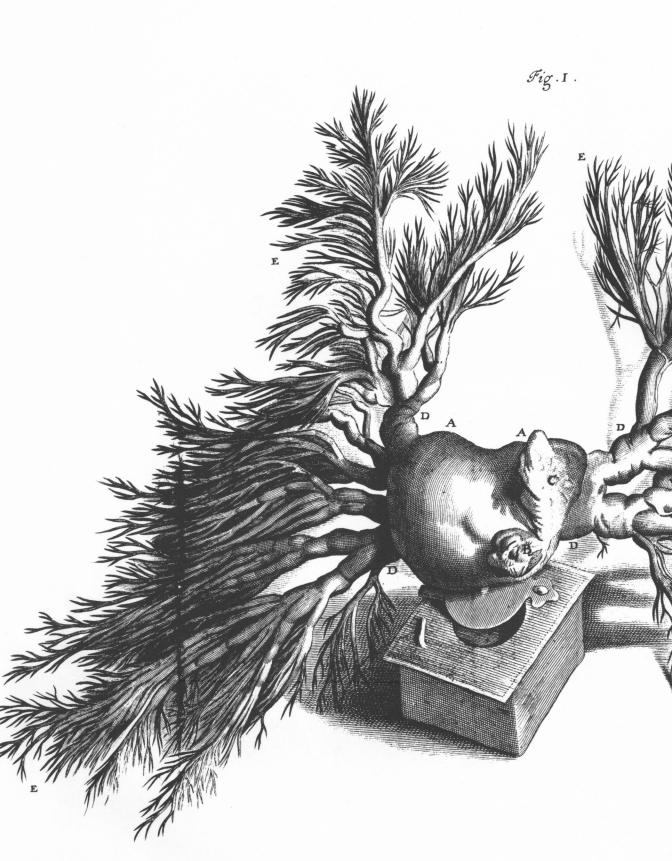


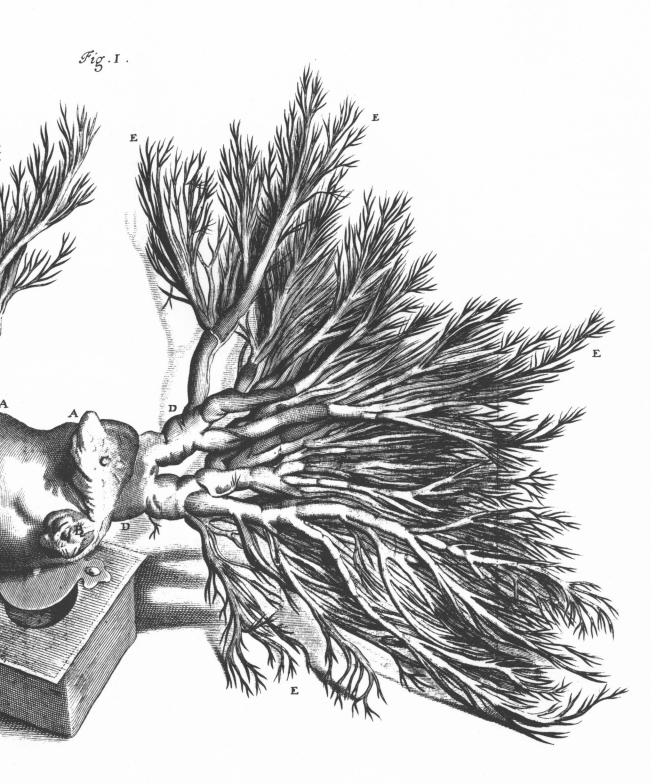


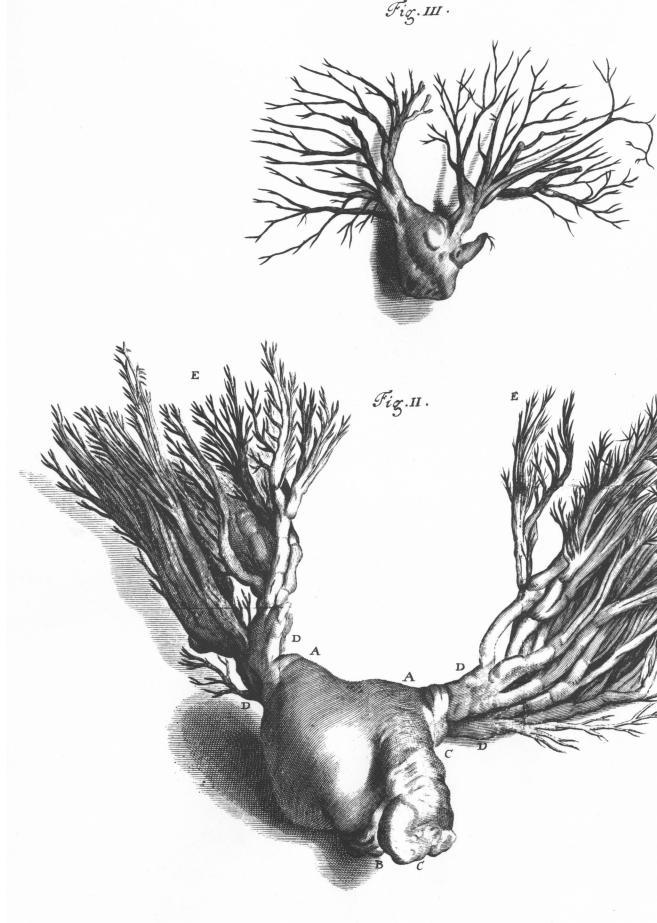




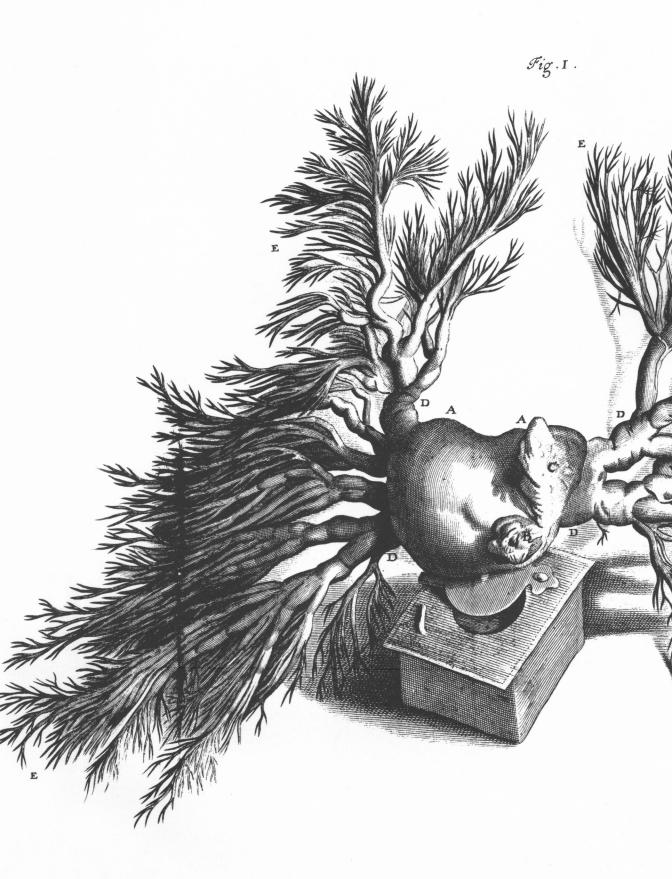


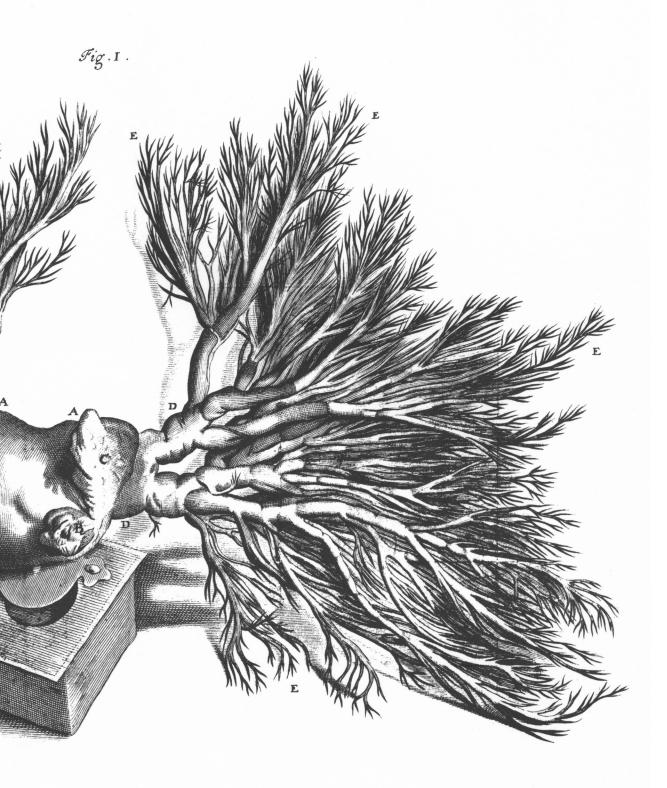












1. An Account of a Polypus taken out of the Unena Pulmoalis, and of the smalture of that Veffel. By Will. Cowper, F.R.S.

Send you herewith the account and Figure of a Polypos, which I took out of a Child of about a year old. Its first observable disorders were a quick Pulse, and a difficulty of breathing. In about four days the Gums were observ'd to be swell'd, for which they were cut, and all symptoms disappear'd for five or fix hours, after which they return'd. Notwithstanding Blood-letting, and the application of other Remedies, the Difficulty of Breathing encreas'd, the Pulse became still lower and quicker, and in four days more the Child dyed.

The Body was open'd, and the Viscera of the lower

Belly were found well constituted.

In the Thorax the Thymus exceeded the natural fize even in Children. The fore part of the Lungs appear'd to be well dispos'd, but the back parts were very hard, and much inflam'd. Making Incision on the diseas'd part, Purulent matter followed the Knife in such quantity from divers Cells, that it fill'd the wounds as fast as made, and pieces cut from it sunk in water. But as we approached nearer to the parts unaffected, the pieces became gradually more buoyant, till at length we came to the fore part, which stoated.

The Cavities of the right Auricle and Ventricle of the Heart were fill'd with a Polypus, which was continued into the superiour and inferiour Trunk of the Vena Cava.

Opening the Vena Pulmonaris at the Basis of the Heart, I found it there compleatly fill'd with a Polypus (or coagulation of Blood) which was continued into all the large branches of it in the Lungs, and were easily drawn out, and when displayed, appear'd as express'd Fig. III.

This Polypus affords us a better Idea of the contrivance and structure of the Pulmonary Vein than any Figures of that Vessel yet publisht: For tho in different subjects of the same species we meet with frequent varieties in the destribution of the Blood-vessels, especially of the Veins; we no where find a more constant Regularity and Uni-

formity than in the trunks and large branches of the Pulmonary Vein; of which I have added two Figures (vidifig. I. and II.) drawn after a Preparation of that Vein injected with Wax, and freed from the Lungs of an Adult Humane body. The Original Preparation is to be seen among the Anatomical Collections of the Accurate Dr. Tyson.

Among many very considerable parts of the Humane Body, not ill exprest in the Tables published by Bidloo, and overlookt, or not known by him, this Trunk of the Pulmonary Vein is one; unless he may be allow'd to call it the Lest Ventricle of the Heart, as he has done Tab.22. Fig. 7. A. which mistake and omission, tho very gross, I corrected, without reflecting, or taking notice of the fault of the Professor, and some hundred others of that work, tho I could not possibly avoid naming him on near forty other such occasions, in my explication of those Tables, published not long since in English, of which and the rest perhaps more hereaster.

The Trunk of this Vein is very ill exprest in the xxxth Table of Kerckringins's Anatomical Observations, as will appear by comparing it with those here. However, some later writers of Anatomy have been contented to borrow

it, without observing the fault.

The Left Auricle of the Heart (vid. Fig. I. II.) in Humane Bodies being much less than the Right, it was necesfary that the part of this Vein next the Basis of the Heart should be very large; (ib. AAB) lest the sudden strong motion of the Systole should cause the Refluent blood to recoil in the branches of this vein (ib. DDE E) and prevent a ready supply in the succeeding Diastole of the Heart. But the weight of so much Blood lying in the trunk of this Vessel (ib. A A. B) does effectually prevent its retrocession in the lateral branches within the Lungs; (ib. DD. EE) and the more, because the Orifices of those branches (ib. DD.) are not diametrically opposite (at A A. Fig. ib.) to the mouth of the Vessel on the Basis of the Heart (ib.B) its lateral branches making Acute angles with the Trunk, as represented Fig. I. II. Epi-